



## 2008 VENDOR FORM: MAINE CLEAN ELECTION ACT CANDIDATES

For New Candidates & for Updates for Previous Candidates

**Notice:** In order to receive MCEA funds, all MCEA candidates must become "vendors" in the State's accounting system. Please print clearly. Payments of MCEA funds are made based on the information on this form. There can only be one name or vendor per form. If you did not run as a MCEA candidate in 2006, you must fill out this form. If you were a MCEA candidate in 2006, you only need to complete this form if there are changes.

**The original signed form must be returned to:**

Lynn Ware  
Department of Administrative and Financial Services  
Division of Financial and Personnel Services  
74 State House Station, Augusta, Maine 04333

**TO PROCESS THIS FORM, ALL INFORMATION/FIELDS WITH AN ASTERISK (\*) MUST BE COMPLETED.**

1) Please check the appropriate boxes:

| New Vendor               | Address Change           | Multi Address            | Name Change              | Contact Update           | EIN Change               |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2) Enter either your social security number or an EIN number, if you are using one for your campaign.

Social Security Number\*  
**S#**

Individual

**OR**

EIN for Campaign\*  
**E#**

Please enter only a campaign EIN in this area.

3) If you are a new candidate and have not run as an MCEA candidate, complete the "NEW" section.

**This section will affect all transactions with ALL state agencies.**

| NEW:*  |  | OLD:               |  |
|--|--|--------------------|--|
| Address where check or EFT correspondence is to be sent: |  | Old vendor number: |  |
| Candidate's Name*  |  | Candidate's Name   |  |
| DBA or C/O   |  | DBA or C/O         |  |
| Address*   |  | Address            |  |
|  |  |                    |  |
|  |  |                    |  |
| Tel #*   |  | Tel #              |  |

4) Sign the form, print your name, fill in the date, and complete the contact information. The date cannot be more than 3 months old when received by Lynn Ware in Division of Financial and Personnel Services.

Signature of Candidate\*

Contact Name

Print Name

Phone Number for Contact Name

Date\* (Submit this form within 3 months of this date)

**Information on State Agency Submitting Vendor Form**

DAFS # 74  
State Agency & SHS #

Lynn Ware, Accounting Technician  
Contact Person Name & Title

207-624-7393  
Telephone 07/07